



## AIDS - A Global Perspective

# The World Health Organization's Global Strategy for the Prevention and Control of AIDS

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*The magnitude of the human immunodeficiency virus (HIV) pandemic and its broad impact have been seriously underestimated and underappreciated. The Special Programme on AIDS (acquired immunodeficiency syndrome) of the World Health Organization (WHO) was created on February 1, 1987, as the architect and keystone of the global AIDS plan. The Special Programme on AIDS has designed the global strategy, has raised sufficient funds to begin implementing the strategy and, for this effort, has marshalled the support of every nation in the world. AIDS affects both the developing and the industrialized worlds; therefore, every country will need a national AIDS program. This is vital not only for national interests but also because ultimately AIDS cannot be stopped in any one country unless it is stopped in all countries. National AIDS programs are being rapidly established throughout the world with the technical and financial support of WHO's Special Programme on AIDS. At the global level, the Special Programme is responsible for strategic leadership, developing consensus, coordinating scientific research, exchanging information, assuring technical cooperation and mobilizing and coordinating resources. National AIDS committees have already been established in more than 150 countries and, by the end of 1988, the Special Programme will support every country in the world that requests collaboration.*

(Mann JM: The World Health Organization's global strategy for the prevention and control of AIDS, *In AIDS—A global perspective* [Special Issue]. West J Med 1987 Dec; 147:732-734)

When the acquired immunodeficiency syndrome (AIDS) was first recognized in 1981, the disease appeared limited to a single nation and to a single group characterized by its sexual orientation. Today, as a result of extensive national and international collaborative research, the worldwide epidemic of the human immunodeficiency virus (HIV) and related retroviruses\* is recognized to be an international health problem of extraordinary scope and unprecedented urgency (Table 1 and see Figure 2 in the article elsewhere in this issue, C. F. von Reyn, MD, and J. M. Mann, MD, MPH, "Global Epidemiology," pp 694-701). The consciousness of the global extent of AIDS has led to the emergence of a global conscience about the disease and to the realization that a worldwide effort will be required to stop it.

The World Health Organization (WHO) has a mandate to direct and coordinate international health work. In May 1986, citing "intensive international interest and concern" about AIDS, the 39th World Health Assembly formally approved the creation of an AIDS program within WHO. In November 1986, the Director-General of the World Health Organization

announced that in the same spirit and with the same dedication that characterized WHO's global smallpox eradication program, WHO was now committed to the more urgent, difficult and complex challenge of global AIDS prevention and control. The Special Programme on AIDS was created in February 1987 as the architect and keystone of the global AIDS plan. The Special Programme has designed the global plan, has raised sufficient funds to begin implementing the plan and, for this effort, has marshalled the support of every nation in the world.

The magnitude of the HIV pandemic and its broad impact have been seriously underestimated and underappreciated. During the second half of 1986, however, a major shift of perspective and opinion occurred in many North American, European and African countries. For example, in the United Kingdom, France, Italy and the United States, statements by prominent health officials and dramatically increased financial commitments for AIDS-prevention programs testify to a growing awareness of the scope of the HIV problem at national levels. A three-part evolution in perspective regarding AIDS can be observed at the personal, national and international levels. The initial response to AIDS usually involves denial and an effort to minimize the problem, often through comparison of the number of AIDS cases with deaths from already well-described public health problems. Then, as the

\*The name "human immunodeficiency virus" has replaced the earlier names for the AIDS virus. The related retroviruses include the lymphadenopathy-associated virus (LAV-II), the human T-lymphotropic virus (HTLV-IV) and other recently recognized retroviruses that are related to HIV, with or without evidence of immunosuppression or clinical disease. In this document, "HIV" stands for all of these viruses.

## ABBREVIATIONS USED IN TEXT

AIDS = acquired immunodeficiency syndrome  
 HIV = human immunodeficiency virus  
 WHO = World Health Organization

number of AIDS cases increases rapidly and estimates of the number of persons already infected with HIV in the population are publicized, the HIV problem commands further attention. Finally, once the virus's potential to involve major segments of the population, including those who may have previously considered themselves without risk, is recognized, the epidemic nature and urgency of the HIV situation generate political commitment and a willingness to act.

While the international HIV situation is dynamic, agreement exists on the fundamental concepts and principal components of global AIDS prevention and control. These fundamental concepts include the following:

- HIV infection is an international health problem.
- Infection with HIV is an adverse health outcome of profound personal, family and social importance.
- HIV infections threaten the limited gains in health that have been achieved in several areas of the developing world.
- Neither vaccine nor therapy for widespread use is likely to become available for at least several years.
- The HIV global effort will be long term and will likely last beyond our generation.
- HIV prevention and control programs must be integrated with primary health care.
- The HIV pandemic represents an unprecedented challenge to public health that mandates a response of equally unprecedented creativity, energy and resource.

The global plan has three objectives:

- To prevent HIV transmission.
- To take care of HIV-infected persons (to reduce morbidity and mortality associated with HIV infection).
- To unite national and international efforts for global AIDS control.

AIDS affects both developing and industrialized countries; therefore, every country will need a national AIDS program. This is vital not only for national interests, but also because ultimately AIDS cannot be stopped in any one country unless it is stopped in all countries.

At the national level, AIDS prevention and control first require the political will to recognize the problem and to establish a broadly representative national AIDS committee. This committee is entrusted with the responsibility to develop a national plan for AIDS control. An initial assessment of the extent of the AIDS virus infection in the country is essential. Epidemiologic surveillance and laboratory support for diag-

nosis and testing must then be established. Education for health workers at all levels is critical, for not only are they responsible for the care of people with AIDS, but they are vital sources of accurate information for the public. The following specific prevention programs should be implemented: prevent sexual transmission through education; prevent parenteral transmission by making blood and blood products safe, by preventing intravenous drug abuse and educating and treating intravenous drug abusers, and by ensuring that injection equipment and other skin-piercing instruments are always sterile, and prevent perinatal transmission.

Finally, a comprehensive national AIDS program must help those persons already infected with HIV and help them to protect others.

National AIDS programs are being rapidly established throughout the world with the technical and financial support of WHO's Special Programme on AIDS.

National AIDS committees have already been established in more than 150 countries. From February to October 1987, the Special Programme on AIDS has collaborated with more than 90 countries throughout the world, providing more than 250 technical support missions by epidemiologists, laboratory specialists, planners, educators and other health professionals. Using WHO guidelines, 58 countries have prepared written plans for national AIDS prevention and control. Uganda, Kenya, Tanzania, Rwanda and Ethiopia have completed medium-term (three- to five-year) plans and in collaboration with WHO have received pledges from bilateral and multilateral agencies for more than \$19 million to implement these plans. In addition, this past year 15 laboratory workshops will have trained about 300 laboratory workers from 90 countries; these laboratorians will then train others in their country in the latest HIV laboratory diagnostic methods.

By the end of 1988, the Special Programme on AIDS will support every country in the world that requests this collaboration. With the implementation of national AIDS plans, the Special Programme will be closely involved in monitoring and evaluating the effectiveness of these efforts. Just as smallpox eradication became possible when an effective epidemiologically based strategy was developed, strategy development is crucial to global AIDS control.

At the global level, the Special Programme is responsible for strategic leadership, developing consensus, coordinating scientific research (biomedical, social, behavioral and epidemiologic), exchanging information, assuring technical cooperation and mobilizing and coordinating resources. WHO alerted the international community on the global scope of AIDS and has continued to provide vital exchanges of technical and policy information. During 1987, meetings held in Africa, Asia, Australia and countries of the Pacific Rim,

TABLE 1.—Worldwide Cases of the Acquired Immunodeficiency Syndrome Reported to the World Health Organization (to Nov 1, 1987)

Worldwide Cases, No.	?	Jun 79	Dec 79	Jun 80	Dec 80	Jun 81	Dec 81	Jun 82	Dec 82	Jun 83	Dec 83	Jun 84	Dec 84	Jun 85	Dec 85	Jun 86	Dec 86	Jun 87	Oct 87	Total
Global by 6-month periods . . .	173	4	10	23	36	90	196	388	740	1,486	1,929	2,815	4,100	5,443	7,251	9,373	12,559	13,833	2,413	62,784
USA by 6-month periods . . .	12	4	9	19	32	86	180	363	648	1,221	1,588	2,444	3,189	4,366	5,429	6,516	7,332	7,060	348	40,845
Global cumulation . . .	4	14	37	73	161	359	739	1,487	2,965	4,902	7,708	11,817	17,246	24,511	33,653	46,443	58,814	62,689		62,784

Europe and the Americas have each marked turning points in national and regional AIDS awareness and action.

The World Health Organization has accomplished the following:

- Developed consensus on key issues including international travel and AIDS, childhood immunization and HIV and standards for HIV screening programs.
- Issued guidelines on the counseling and management of HIV-infected persons and on educational strategies for AIDS control.
- Established a world bank for the collection and exchange of AIDS viruses and other key reagents.
- Identified cross-cultural research priorities, including risk behaviors, perceptions of and responses to AIDS and impacts of AIDS on social structures, especially families.
- Created a global AIDS data bank, starting with information on AIDS cases and on HIV-1 and HIV-2 seroprevalence data.
- Developed a model methodology for determining HIV seroprevalence in the developing world.
- Initiated regional and global AIDS information and materials exchange to ensure that the best models from and lessons learned in AIDS information and education programs are shared throughout the world.

### International Coordination

The United States has played an essential role in support of the Special Programme on AIDS. From the first, the United States has provided financial and moral support. The unwavering commitment of the US government to WHO as the leader of global AIDS control, expressed in the declarations of the Venice summit, the World Health Assembly, and the United Nations General Assembly, has been most essential and appreciated.

The scientific work to master AIDS, like the disease itself, is now firmly and irrevocably international. In AIDS, there really is no such thing as purely local or even purely national research. Therefore, looking to the future, we must work to ensure that the fruits of that research—drugs for treatment and vaccine—will be made available to the entire world and not just to the wealthy nations.

The Special Programme on AIDS will need, from the

United States and from many countries, continued commitment to a principle and support for its application. The principle is that global AIDS control requires global leadership and coordination. The practical outcomes of this principle include ensuring that scientific and public health activities at the international level undertaken by US agencies and institutions are closely coordinated with those of WHO and a willingness to invest resources in global research and control. This support must be assured to WHO, and bilateral support for research and for control work must be coordinated with WHO. The specific objective of the coordination is to ensure that bilateral efforts are consistent not only with the global strategy, but with AIDS plans and programs at the national level. This coordination must be proactive and strong, not retroactive and desultory.

If AIDS had appeared 50 years ago, we would have been nearly defenseless against it—science would not yet have been able to define the cause, develop diagnostic and screening methods and progress so rapidly towards treatment and prevention through vaccine. Yet, there are at least three other ways in which today's world is much better armed and equipped to combat AIDS.

First, the concept and infrastructure of primary health care is now well established throughout the world. Primary health care delivers basic and fundamental health services to people where they live. Just as critical for AIDS prevention is the health promotion philosophy that stresses the capacity and responsibility of persons and communities to prevent the disease through information and education leading to changes in individual and collective behavior.

The second major factor is the development of modern social and behavioral science, which we are now applying to design efficient and socially acceptable public health information and education strategies.

The third factor is the emergence of a global conscience expressed concretely in the foreign assistance programs of the world and through the establishment of the United Nations with its specialized agencies such as the World Health Organization.

WHO considers AIDS to be an inescapable priority; we cannot give AIDS a "grace period." A worldwide effort will stop it.